

PATENT
Appl. No. 09/524,358
Attorney Docket No. 450100-02402



70-0874

AT \$
61

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Tateo OISHI et al.

RECEIVED

Appl. No. : 09/524,358

OCT 14 2004

Filed : March 14, 2000

Technology Center 2100

For : DATA PROCESSING METHOD, APPARATUS AND SYSTEM FOR
ENCRYPTED DATA TRANSFER

Art Unit : 2134

Examiner : NALVEN, Andrew L.

745 Fifth Avenue
New York, New York 10151

EXPRESS MAIL

Mailing Label Number: ED 450553793 US

Date of Deposit: October 6, 2004

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Box 1450, Alexandria, VA 22313-1450.

Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

AMENDMENT

Mail Stop AF
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of May 6, 2004, please amend the above-identified
application as follows:

10/12/2004 MAHMED1 00000070 09524358

01 FC:1252

430.00 OP

OCT 06 2004
U.S. PATENT & TRADEMARK OFFICE

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Examiner : NALVEN, Andrew L.

MAIL STOP AF
COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below.
- ☐ This is an application of a small entity under 37 CFR 1.9(f).

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number of claims previously paid for*	(5)	(6) Extra claims	(7)	(8) Rate	(9)	(10) Additional fee
Total Claims	17	-	20	=	0	x	\$18(\$9)	=	\$0.00
Independent Claims	3	-	3	=	0	x	\$88(\$44)	=	\$0.00
Total Fee for additional claims									\$0.00

* If the highest number of total claims previously paid for is less than 20, write "20" in this space. If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

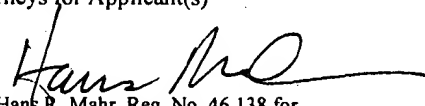
** If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

- ☒ A fee of **\$430.00** is due to cover:
- ☐ additional claims,
- ☐ multiple dependent claim(s),
- ☒ an extension of time. This response is being filed within 2 months following the expiration of the term originally set therefor. This is a petition to request a **two-month** extension of time.
- This fee is to be paid by:
- ☒ an enclosed Check in the amount of **\$430.00**.
- ☐ charging **\$00.00** to Deposit Account No. 50-0320.
- ☐ This application contains a multiple dependent claim. The required fee of \$290(\$145) has been previously paid ☐, or is paid herewith ☐.
- ☒ Please charge any additional fees incurred by this response or credit any overpayment to Deposit Account No. 50-0320.

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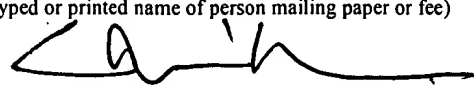
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Attorneys for Applicant(s)


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Tel. (212) 588-0800

Chiaki Kokka

(Typed or printed name of person mailing paper or fee)


(Signature of person mailing paper or fee)